

PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
<p>18N1/0123</p> <p>JAMES M. HESLIN TOWNSEND AND TOWNSEND KHOURIE AND CREW ONE MARKET, STEUART STREET TOWER 20TH FLOOR SAN FRANCISCO, CA 94105</p>	INVENTOR'S NAME 95 JAN 27 AM 9:36
	Street Address RECEIVED
	City, State and ZIP Code
	CO-INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	<input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/238,842	05/06/94	009	GITOMER, R	1815 01/23/95
First Named Applicant ZWEIG, STEPHEN E.				

TITLE OF INVENTION **TEST ARTICLES FOR PERFORMING DRY REAGENT PROTHROMBIN TIME ASSAYS (AS AMENDED)**

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 153813	435-013.000	116	UTILITY	YES	\$605.00	04/24/95

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.	TOWNSEND AND TOWNSEND 1 KHOURIE AND CREW 2 _____ 3 _____
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DO NOT USE THIS SPACE	
MM11437 03/01/95 08238842 MM11438 03/01/95 08238842	20-1430 110 242 605.00CH 20-1430 110 561 30.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE AVOCET MEDICAL, INC.		<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____	
(2) ADDRESS: CITY, STATE OR COUNTRY LOS GATOS, CALIFORNIA USA		6b. The following fees should be charged to:	
		DEPOSIT ACCOUNT NUMBER 20-1430	
		(ENCLOSE PART C)	
		<input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 10	
		<input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees	
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
		(Authorized Signature) JAMES M. HESLIN, REG. 29,541 (Date) FEB. 21, 1995	
		NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE